

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5	X	X				
6	X	X				
7	X	X				
8	X	X				
9	X	X				
10	/					
11		/				
12		/				
13		/				
14		/				
15	/					
16	X	X				
17	X	X				
18	X	X				
19	X	X				
20	X	X				
21	X	X				
22	X	X				
23	X	X				
24	/					
25	X	X				
26	X	X				
27	X	X				
28	X	X				
29	X	X				
30	X	X				
31	X	X				
32	X	X				
33	X	X				
34	X	X				
35	/					
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	5					
TOTAL DEP.	13					
TOTAL CLAIMS	18					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						